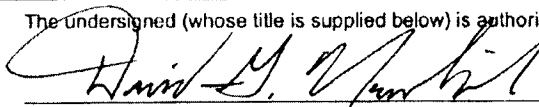


**SINGLE ASSIGNEE
CASE SPECIFIC POWER OF ATTORNEY**

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| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM and STATEMENT UNDER 37 CFR 3.73(b) | Application or Control Number | 10/643,514 |
| | Filing Date | August 19, 2003 |
| | First Named Inventor | James BRACKEN, et al. |
| | Title: ARCHITECTURE FOR ACCOUNT RECONCILIATION | |
| | Attorney Docket Number: 340964US28 | |

| | |
|---|--|
| I hereby appoint: <input checked="" type="checkbox"/> Practitioners associated with the Customer Number <div style="border: 1px solid black; display: inline-block; padding: 5px; margin-left: 20px; font-size: 1.2em;">22850</div> | |
| as my/our attorney(s) or agent(s) to prosecute the application/reexamination proceeding identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. | |
| Please recognize or change the correspondence address for the above-identified application/reexamination proceeding to: <input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. | |
| I am the: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. | |
| Wesport Insurance Corporation _____, a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, government agency, etc.) | |
| <input checked="" type="checkbox"/> States that it is the assignee of the entire right, title, and interest. The Assignment was recorded in the United States Patent and Trademark Office at Reel <u>014419</u> , Frame <u>0044</u> , and by Assignment to Wesport Insurance Corporation recorded at Reel 020908, Frame 0766, or for which a copy of the assignment is attached. As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. | |
| SIGNATURE OF ASSIGNEE OF RECORD | |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. | |
| <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center; margin-top: 10px;"> David G. Newkirk _____ Printed or Typed Name </div> <div style="text-align: center; margin-top: 10px;"> Senior VicePresident _____ Title </div> | <div style="text-align: center;"> 29 October 2009 _____ Date </div> <div style="text-align: center; margin-top: 10px;"> ☎ 913-676-5467 _____ Telephone Number </div> |
| THIS FORM CAN ONLY BE SIGNED WHERE THERE IS ONLY A SINGLE ASSIGNEE | |